

FILED JUN 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14507**

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 136	
1. PLACE OF DEATH a. COUNTY Kc Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTY Scotland ad-jackson).			
b. CITY (If outside corporate limits, write RURAL and give township) Kirksville		c. LENGTH OF STAY (If in place) 3 days		c. CITY OR TOWN Memphis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hosp.				e. STREET ADDRESS (If rural, give location) 0440			
3. NAME OF DECEASED (Type or Print) Ella		a. (First)		b. (Middle) N.		c. (Last) Boyer	
4. DATE OF DEATH (Month) (Day) (Year) March 20, 1955		5. SEX f		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct 27, 1882		9. AGE (In years last birthday) 72		10. UNDER 1 YEAR Months Days Hours Mins.		11. BIRTHPLACE (City and State or Foreign Country) Scotland Co. Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME George Hatch		13b. MOTHER'S MAIDEN NAME Illa Warner		14. NAME OF HUSBAND OR WIFE Ezra Boyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 4201		17. INFORMANT'S SIGNATURE OR NAME Ezra Boyer		ADDRESS Memphis, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary Thrombosis With Myocardial Infarction Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 17, 1955 to March 20, 1955 , that I last saw the deceased alive on March 20, 1955 and that death occurred at 12:05 pm. , from the causes and on the date stated above.							
23a. SIGNATURE A. T. Rhoads		(Degree or title)		23b. ADDRESS 201 Kirksville, Mo		23c. DATE SIGNED 3-20-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 22, 1955		24c. NAME OF CEMETERY OR CREMATORY Memphis, Mo.		24d. LOCATION (City, town, or county) (State) Memphis, Missouri	
DATE REC'D BY LOCAL REG. 5-24-55		REGISTRAR'S SIGNATURE Wate Lambert 1-0		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Baskett Memphis, Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Albert C. Girth*.....

Licensed Embalmer No. *425*.....

P. O. Address *Mesa, Ariz.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.